

AMENDMENT REQUEST

PURPOSE: This form is used for an individual's request to amend health information or records in our designated record sets or the designated records sets of our business associates.

Please type or print neatly; we are not able to process incomplete or illegible forms.

MDH PROGRAM NAME: _____

SECTION A: Individual requesting records amendment.

Last Name: _____ First Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Date of Birth: ____/____/____

SECTION B: To the Individual - Please read the following and complete the information requested.

You have the right to request that we amend your health information in designated record sets we maintain.

Please specify the records you wish to amend and the amendments you wish to make:

Please state the reasons for the amendments:

Please list the name and address of each person who you want us to notify of the amendment should we agree to make the amendment you request. You must provide us with a signed authorization for us to notify these persons. The appropriate authorization form is attached.

SIGNATURE

By: _____ Date: _____

If a personal representative is making this request, please attach a copy of any document granting legal authority and complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.

(LETTERHEAD)

DENIAL OF AMENDMENT TO RECORDS

(DATE)

(INDIVIDUAL'S NAME)

(INDIVIDUAL'S ADDRESS)

Dear (INDIVIDUAL):

We are denying the request to amend your records that we received from you on ____/____/____. The reasons we have determined that your request should be denied are:

- ☐ 1. The request you submitted was illegible or incomplete.
- ☐ 2. The request you submitted was improper for the following reason:
 - ☐ a. We do not have the records you wish to amend in our designated record sets.
 - ☐ b. We did not create the records you wish to amend and we have no basis to believe that the person or entity that did create the records is available any longer to amend them.
 - ☐ c. We believe the records you wish to amend are complete and accurate.

Your options:

You may submit a written statement disagreeing with our decision. If you do, we will append or link your statement to the records you wanted amended (if we have those records in our designated record set) for inclusion in future disclosures of those records. We may prepare and send you a rebuttal to your statement and, if we do, we will append or link our rebuttal to those same records for inclusion in future disclosures of those records. In the alternative, we may substitute an accurate summary of your written statement and our rebuttal with future disclosures of those records.

Instead of submitting a written statement of disagreement, you may ask that your request to amend those records and this denial be appended or linked to those records to be included with future disclosures. We may substitute an accurate summary of your request and this denial with future disclosures.

You may file a complaint about our denial of your amendment request with us or with the Secretary of the United States Department of Health and Human Services (HHS). Please contact the undersigned to learn about the procedure for complaining to us or to the Secretary of HHS.

If you have questions, wish to discuss the denial, file a complaint, or review your options, please contact the undersigned.

Sincerely,

By: _____

(LETTERHEAD)

APPROVAL OF AMENDMENT REQUEST

(DATE)

(INDIVIDUAL'S NAME)

(INDIVIDUAL'S ADDRESS)

Dear (INDIVIDUAL):

We received your request to amend your records on ____/____/____. We are granting your request. We have amended our designated record sets to reflect the amendment and have notified our business associates, and any others, as applicable. We have also notified the persons you designated and for whom you provided a signed authorization of the amendment (if any).

If you have questions, please contact the undersigned.

Sincerely,

By: _____

(LETTERHEAD)

NOTIFICATION TO AMEND RECORDS

To: _____

On ____/____/____, we granted a request from the individual named below (or received notice from the covered entity named below) to amend the following records:

We believe you may have these records in your designated record sets. If so, please promptly amend the records. Please contact me should you have questions about the amendment.

Sincerely,

By: _____ Date: _____

Individual Requesting or Covered Entity Issuing Notice to Amend Record:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Date of Birth: ____/____/____

(LETTERHEAD)

NOTIFICATION OF RECORD AMENDMENT DENIAL

To: _____

On ____/____/____, we denied a request from the individual named below to amend the following records:

The individual's request to amend, and our written denial are attached. If further action related to this request was taken, we have also attached copies of those documents as indicated below:

- ☐ Written statement from the individual disagreeing with our denial.
- ☐ Our rebuttal to the individual's statement disagreeing with our denial.
- ☐ An accurate summary of the individual's request, our denial, the individual's written disagreement, and our rebuttal.

Please append or link these materials to these records in your designated record sets so they may be included as appropriate in future disclosures of these records.

Please contact the undersigned should you have questions

Privacy Officer: _____ Date: _____

Individual Requesting Record Amendment:

Last Name: _____ First Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Date of Birth: ____/____/____